STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155760	A. BUILDING 00 B. WING	08/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLES AT WATERFORD CROSSING HEALTH CAMPUS	1332 WATERFORD CIRCLE GOSHEN, IN46526

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F0000	This visit was for the investigation of Complaint #IN00094000. Complaint #IN00094000 - substantiated, Federal/State deficiencies related to the allegation are cited at F157, F282 and F354. Survey Dates: 8/3-4/11 Facility number: 011150 Provider number: 155760 Aim number: 200831020 Survey Team: Ellen Ruppel, RN Census bed type: SNF: 18 SNF/NF: 40 Total: 58 Census payor type: Medicare: 18 Medicaid: 16 Other: 24 Total: 58 Sample: 3 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F0000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that oe was cited correctly. This Plan of Correction is submitted to meet the requirements established by state nd federal law.The Maples at Waterford Crossing Health Campus desires this Plan of Correction to be considered the facility's allegation of compliance. Compliance is effective August 31, 2011.The Maples at Waterford Crossing Health Campus respectfully requests this Plan of Correction be submitted as desk review for compliance for the deficiencies cited.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed 8/6/11 Cathy Emswiller RN			
F0157 SS=D	A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on interviews and record review,	F0157	It is the expectation of this facility	08/31/2011

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	the facility failed to notify the cardiac transplant team of the admission of one of one transplant recipients in a sample of three to the facility. Resident C Findings include: During the orientation tour, on 8/3/11 at 8:40 a.m., LPN #2 identified Resident C as being a recent admission and having been a heart transplant recipient in the past. The reason for the current admission was indicated by LPN #2 as being for recent fractures of the left femur and right wrist. The clinical record for Resident C was reviewed, on 8/3/11 at 10:00 a.m., and indicated she had been admitted to the facility, on 7/16/11. Admission orders included an order to notify the heart transplant medical group of the resident's admission to the facility. One of the two antirejection medications (Prograf) had been stopped by the orthopedic physician the day of admission to the facility and the second one (Cellcept) had been continued on the transfer orders to the facility. Nurses notes, dated 7/19/11 (no time specified) indicated the resident had questioned the nurse about not getting both of her antirejection medications for two and one-half days. The note indicated		to immediatly inform the resident; consult with the resident physician; a significant change in the resident's physicial, mental, and psychosocial status; need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility.What corrective action will be done by the facility?Resident C's cardiologist was notified of resident's admission to the facility. A physicians order to restart Prograf was received on 7-19-2011. How will the facility identify other residents having the potential to be effected by the same practice and what corrective action will be taken?An audit of resident charts has been completed and no other resident's were found to be effected.What measures will be put into place to ensure this practice does not recur?The facility reviewed it's policy and found it to be sufficient. Licensed staff were re-educated on physician's notification of change in condition. See exhibit A and B.Addendum: Newly hired licensed staff will complete Clinical Systems Monitoring Training as a part of their orientation program. Completion date: 8/31/2011How will corrective action be monitored to ensure the deficit practice does not recur and what QA will be put into place?The Director of Health Services, or designee, will audit new admissions within the first seventy-two (72) hours to	

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	when the nurse attempted to contact the heart transplant group, a voice mail was all she could access. The nurses note indicated the voice mail at the cardiac transplant service indicated the group was gone for two days at a seminar. The resident was sent to the local emergency room and the physician in the emergency room contacted the heart transplant physician. The hospital note indicated, "we were able to contact her heart doctor from (city). He called the nursing home and her Prograf is prescribed and she will start getting that hopefully today or tomorrow." Review of the Medication Administration Record (MAR) for July 2011, on 8/3/11 at 10:30 a.m., indicated the Prograf had been restarted on 7/20/11. The resident had not received the medication from the date of hospital discharge on 7/16/11 until 7/20/11. The original hospital orders did not indicate the Prograf was to be continued, but did indicate the cardiac transplant group was to be notified of the resident's admission to the long term facility. During an interview with Resident C, on 8/4/11 at 8:20 a.m., she indicated she was unsure when she was first admitted to the facility if she was being given the Prograf		ensure nursing tasks including orders and physician notification has been completed. The DHS will report the results of this audit to the Quality Assurance committee for the next three (3) months and thereafter as determined by the QA committee. This will begin immediatly and will be ongoing.Addendum 8/23/2011: These audits will continue for each admission until the audits measure 100% compliant, for 100% of the charts audited, for three (3) consecutive months. Completion date: 8/31/2011	

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	in a generic form which she did not recognize of if it had been discontinued. She indicated when she thought it had been discontinued she asked the nurse to check with the transplant physician and when he was not reached, she went to the emergency room to be checked and have it restarted. The original hospital orders had included an order to notify the cardiac transplant team. This federal tag relates to Complaint IN00094000. 3.1-5(a)(3)			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interviews and record review, the facility failed to follow physician's orders to notify the cardiac transplant team of the admission of one of one transplant recipients in a sample of three to the facility. Resident C Findings include: During the orientation tour, on 8/3/11 at 8:40 a.m., LPN #2 identified Resident C	F0282	It is the expectation of the fciliy that the services provided or arranged by the facility must be provided by quality persons in accordnce with each residents written plan of care.What corrective action will be done by the facility?Resident C's cardiologist was notified of resident's admission to the facility. A physicians order to restart Prograf was received on 7-19-2011. How will the facility identify other residents having the	08/31/2011

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	as being a recent admission and having been a heart transplant recipient in the past. The reason for the current admission was indicated by LPN #2 as being for recent fractures of the left femur and right wrist. The clinical record for Resident C was reviewed, on 8/3/11 at 10:00 a.m., and indicated she had been admitted to the facility, on 7/16/11. Admission orders included an order to notify the heart transplant medical group of the resident's admission to the facility. One of the two antirejection medications (Prograf) had been stopped by the orthopedic physician the day of admission to the facility and the second one (Cellcept) had been continued on the transfer orders to the facility. Nurses notes, dated 7/19/11 (no time specified) indicated the resident had questioned the nurse about not getting both of her antirejection medications for two and one-half days. The note indicated when the nurse attempted to contact the heart transplant group, a voice mail was all she could access. The nurses note indicated the voice mail at the cardiac transplant service indicated the group was gone for two days at a seminar. The resident was sent to the local emergency room and the physician in the		potential to be effected by the same practice and what corrective action will be taken?An audit of resident charts has been completed and no other resident's were found to be effected.What measures will be put into place to ensure this practice does not recur?The facility reviewed it's policy and found it to be sufficient. Licensed staff were re-educated on physician's notification of change in condition and guidelines for admission orders. See exhibit A, B, and C.Addendum 8/23/2011: Newly hired licensed staff will complete Clinical Systems Monitoring Training as a part of their orientation program. Completion date: 8/31/2011How will corrective action be monitored to ensure the deficit practice does not recur and what QA will be put into place?The Director of Health Services, or designee, will audit new admissions within the first seventy-two (72) hours to ensure nursing tasks including orders and physician notification has been completed. The DHS will report the results of this audit to the Quality Assurance committee for the next three (3) months and thereafter as determined by the QA committee. This will begin immediatly and will be ongoing. See exhibit DAddendum 8/23/2011: These audits will continue for each admission until the audits measure 100%	

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	emergency room contacted the heart transplant physician. The hospital note indicated, "we were able to contact her heart doctor from (city). He called the nursing home and her Prograf is prescribed and she will start getting that hopefully today or tomorrow." Review of the Medication Administration Record (MAR) for July 2011, on 8/3/11 at 10:30 a.m., indicated the Prograf had been restarted on 7/20/11. The resident had not received the medication from the date of hospital discharge on 7/16/11 until 7/20/11. The original hospital orders did not indicate the Prograf was to be continued, but did indicate the cardiac transplant group was to be notified of the resident's admission to the long term facility. During an interview with Resident C, on 8/4/11 at 8:20 a.m., she indicated she was unsure when she was first admitted to the facility if she was being given the Prograf in a generic form which she did not recognize of if it had been discontinued. She indicated when she thought it had been discontinued she asked the nurse to check with the transplant physician and when he was not reached, she went to the emergency room to be checked and have it restarted. The original hospital orders had included an order to notify the cardiac		compliant, for 100% of the charts audited, for three (3) consecutive months. Completion date: 8/31/2011By what date the systemic changes will be completed:August 31, 2011	

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	transplant team. This federal tag relates to Complaint IN00094000. 3.1-35(g)(2)			
F0354 SS=A	Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. Based on time sheet print outs and interviews, the facility failed to have a Registered Nurse on the premises for a 24 hour period on one day of the three months reviewed. Findings include: During an interview with the Administrator and Director of Nursing (DON), on 8/4/11 at 12:00 noon, both indicated there was no Registered Nurse in the facility from 6:00 a.m., to 6:00 a.m., on 7/18-7/19/11. The DON indicated she had planned to be in the	F0354	It is the expectation of this facility to have Registered Nurse services for a minimum of at least eight (8) consecutive hours a day, seven (7) days a week.What corrective action will be done by the facility?The facility has hired four (4) Registered Nurses since date of survey. These Registered Nurses will be scheduled on all 3 shifts and will be working full time status.How will the facility identify other residents having the potential to be effected by the same practice and what corrective action will be taken?The facility reviewed it's policy for staffing and Registered Nurse coverage and found it to be	08/31/2011

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	facility during the 24 hour period, but had been called away on a family emergency and had not been able to come to the facility. She indicated other Registered Nurses from sister facilities had been "on call," but not actually in the facility. She indicated the facility had been staffed with Licensed Practical Nurses (LPNS) on all halls during the period. Review of the time print out sheet for the DON, on 8/4/11 at 10:00 a.m., the information indicated she was not in the facility on 7/18-19/11. This federal tag relates to Complaint IN00094000. 3.1-17(b)(3)		sufficient. An audit of licensed staffing through August 31, 2011 has been completed and no other concerns have been idenitifed. What measures will be put into place to ensure this practice does not recur?The schedule of nursing shifts will be reviewed by the Director of Health Care Services and the Community Clinical Managers a minimum of three (3) times per week to assure coverage of all scheduled shifts to remain in compliance with both state and federal guidelines. Any opportunities will be covered immediatly. This staffing will be reviewed in the morning meeting. How will corrective action be monitored to ensure the deficit practice does not recur and what QA will be put into place?This staffing will be reviewed in morning meeting and quarterly at QA to assure compliance. Both the Executive Director and the Human Resource Director will be present to evaluate the number of staff needed to hire to assure adequate staff to meet the needs of the facility. This will begin immediatly and will be ongoing.By what date the systemic changes will be completed:August 31, 2011	